Report of Survey

U.S. Department of Housing and Urban Developmen

Office of the Chief Human Capital Officer

| | Location (City | , State, Zip Co | ode) | | | |
|---|----------------|-----------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | | | | | |
| Lo | est | Stolen | | Unserviceable |) | |
| escription | | | | | Quantity | Property Records Value |
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| I certify that the information given above is true to the best of my knowledge and belief. Signature of person responsible for property Title | | | | | | |
| | Title | | | | | |
| | Description | Description | best of my knowledge and belief | best of my knowledge and belief. | Lost Stolen Unserviceable rescription | Lost Stolen Unserviceable rescription Quantity Total |

| Recommendation of Accountable Officer | | | | | | | |
|--|---|-----------------------|--|--|--|--|--|
| Available evidence and testimony have been examined and it is believed | eved that | | | | | | |
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| It is recommended that | | | | | | | |
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| Signature | Title | Date (mm/dd/yyyy) | | | | | |
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| Report of Survey Board | | | | | | | |
| Findings and Recommendation | | | | | | | |
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| Signature (Chair person) | | Date (mm/dd/yyyy) | | | | | |
| and the safe safe safe safe safe safe safe saf | | | | | | | |
| SignatureÁÇÕ[ælåÁT^{ à^\D | | Date (mm/dd/yyyy) | | | | | |
| SignatureÁgÓ[æáÁT^{ à^{DÁ | | | | | | | |
| | | Date (mm/dd/yyyy) | | | | | |
| Decision of Reviewing Officer | | | | | | | |
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| | | | | | | | |
| Signature | Title | Date (mm/dd/yyyy) | | | | | |
| | | 333,77 | | | | | |
| Fiscal Officer's Certification | | | | | | | |
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| I hereby certify that the sum of \$ | has been billed for the property for which the el | mployee has been held | | | | | |
| financially responsible, and that immediate steps will | be taken toward collection. | | | | | | |
| | | | | | | | |
| I certify that the necessary entries have been made t | to adjust the accounting records. | | | | | | |
| | I | | | | | | |
| Signature | Title | Date (mm/dd/yyyy) | | | | | |
| Property Officer's Contification | | | | | | | |
| Property Officer's Certification | the management and the second | | | | | | |
| I certify that the above decision has been carried out and that | | | | | | | |
| Signature | Title | Date (mm/dd/yyyy) | | | | | |
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